

L05000026848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

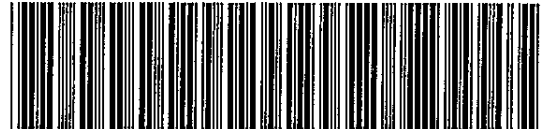
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

3-1705

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alvarado Inspection Services of Tampa, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angel M. Alvarado
(Name of Person)

(Firm/Company)

P.O. BOX 172203
(Address)

Tampa, FL 33612
(City/State and Zip Code)

For further information concerning this matter, please call:

Angel M. Alvarado at (813) 362-8151
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|---|--|--|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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05 MAR 16 PM 12:39
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

In accordance with Section 608.408 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

ARTICLE I – NAME

The name of this Limited Liability Company shall be “ALVARADO INSPECTION
SERVICES OF TAMPA, L.L.C.”

ARTICLE II – ADDRESS

The street address of the principal office of the Limited Liability Company is
4901 Halifax Dr. Tampa, FL 33615. The mailing address of the Limited Liability
Company is P.O. Box 172203, Tampa, FL 33672

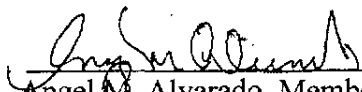
ARTICLE III – MANAGEMENT

The Limited Liability Company is to be managed by one manager and is therefore a
manager – managed company. The initial managing member is Angel M. Alvarado

ARTICLE III – REGISTERED AGENT

The name and Florida address of the registered agent is Angel M. Alvarado, 4901 Halifax
Dr. Tampa, FL 33615. Having been named as registered agent and to accept service of
process for the above stated Limited Liability Company at the place designated in this
Certificate, I hereby accept the appointment as registered agent and agree to act in this
capacity. I further agree to comply with the provisions of all statutes relating to the
proper and complete performance of my duties, and I am familiar with and accept the
obligations of my position as registered agent as provided for in Chapter 608, F.S.

Dated this 7 day of March, 2005



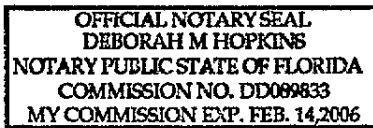
Angel M. Alvarado, Member and
Registered Agent

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05 MAR 16 PM 12:39
TAMPA, FL 33602

STATE OF FLORIDA
COUNTY OF SEMINOLE

The foregoing Articles of Organization were acknowledged before me this 7
day of March, 2005, by ANGEL ALVARADO. Said person did not take an oath
and (check one) ☐ is personally known to me, or ☒ produced a valid driver's license
(issued by state of the United States within the last five (5) years) as identification.

FLDL # A416-013-SP-1840



Deborah M Hopkins
Print Name: Deborah M Hopkins
Notary Public, State of: Florida
My Commission Expires: 2/14/06
Commission Number: DD 089833

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05 MAR 16 PM 12:39
SEMINOLE COUNTY
TALLAHASSEE, FLORIDA